

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

PETER T. DALLEO  
Clerk

LOCKBOX 18  
844 KING STREET  
WILMINGTON, DE 19801  
(302) 573-6170

January 4, 2008

Christopher S. Koyste, Esq.  
709 Brandywine Blvd.  
Bellefonte, DE 19809

RE: U.S. v. ANTONIO MAGANA  
Magistrate Case No. 07-253-1

Dear Mr. Koyste:

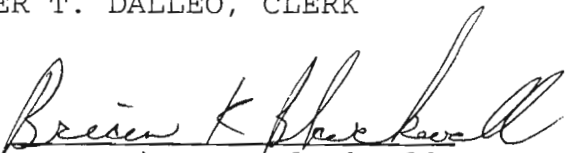
Enclosed is a copy of the Court's order appointing you counsel under the Criminal Justice Act in the above criminal case. This appointment requires representation of the defendant for all proceedings in this Court. When the proceedings in this Court are completed, the attached voucher should be submitted to this office within 45 days for approval of payment. Please complete box 21, Case Disposition, using the Case Disposition Codes provided.

If an appeal is taken in this matter the Court of Appeals will generally appoint you to represent the defendant for the appellate proceedings. The Clerk of the 3rd Circuit Court of Appeals will issue another CJA voucher for service rendered in their Court. If the Notice of Appeal is filed and you wish to withdraw as counsel, please address said motion to the Clerk, 3rd Circuit Court of Appeals.

Sincerely,

PETER T. DALLEO, CLERK

BY:

  
Brian K. Blackwell  
Deputy Clerk

PTD/bkb  
enclosure

cc: Shawn Weede, AUSA  
US Probation  
US Marshal

2008 JAN -4 PM 12:06  
FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

1. CIR./DIST./DIV. CODE DEX		2. PERSON REPRESENTED Magana, Antonio		VOUCHER NUMBER 006 122607002	
3. MAG. DKT./DEF. NUMBER 1:07-000253-001		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Magana		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846-NP.F -- CONSPIRACY TO POSSESS WITH INTENT TO DISTRIBUTE NARCOTICS					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Koyste, Christopher S. Christopher S. Koyste, LLC 709 Brandywine Blvd. Bellefonte DE 19809  Telephone Number: (302) 762-5195			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Brian K. Blackwell</i> Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 12/26/2007      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. <i>In Court</i> a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ <i>SEE BELOW</i> ) TOTALS:					
16. <i>Out of Court</i> a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ <i>SEE BELOW</i> ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 12-26-07 TO			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	

HOURLY RATES 12/26/07 - 12/31/07 \$94.00 Eff. 1/1/08 - \$100.00